

ART. XI. *Case of Strangulated Umbilical Hernia, with removal of the Cyst, followed by a Radical Cure. By J. W. HEUSTIS, M. D. of Mobile.*

ON the night of the 7th of June, 1829, I received a message by Mr. G. the master of the slave, requesting me to visit one of his black women, about six miles distant, with all possible haste. The night was far advanced when I arrived; I found the woman apparently in the last agonies of expiring nature; in extreme pain, with an abdomen imminently swollen; pulse feeble and intermitting; body cold, and covered with a copious exudation of clammy sweat. The protrusion of the umbilicus was about the size of one's fist, and had been increasing for two days. A physician had been called in at an early period, who had in vain attempted the reduction by the use of all the ordinary means, such as bleeding, warm bath, taxis, &c. He had, however, left her with the intention of returning in the morning prepared for the operation. But in the meantime the patient had continued to grow worse; and her master becoming alarmed, had gone in quest of my assistance. There had been no discharge from the bowels since the commencement of the strangulation. Oil and enemata had been given her, but nothing but the injections had come away. The abdomen was now tense and painful to the touch, attended with great irritability of the stomach, and frequent vomiting.

Finding that there was no time for delay, I proceeded to the operation by candle light. The integuments were carefully dissected from the distended sac, and the point of protrusion arrived at, almost entirely obliterated, and not sufficiently large to admit the little finger. The sac was now divided, and the opening enlarged with the blunt pointed bistoury, so as to admit the protruded portion of the bowel, which was dark coloured, and almost gangrenous. There was still, however, a considerable volume of hernial sac, consisting of the protruded and distended peritoneum, much thickened from former and repeated attacks of hernia. To leave it, would be exposing the woman to future returns of her habitual infirmity; whereas, by removing it, a radical cure would, in all probability, be effected. I accordingly removed it entirely with the scalpel, close to the point of protrusion. No sooner were the dressings applied than a free discharge from the bowels took place, to the great relief of the patient.

The cold perspiration had now disappeared; the pulse had acquired more firmness, and the tension, pain, and hardness of the abdomen

diminished. In the morning the abdominal distention had subsided, and the woman was in a fair way of doing well. I left her, giving the necessary directions for her future treatment, and saw her no more. Some time subsequently, I learnt from her master, that her recovery was speedy, and that she had no more returns of the complaint, a radical cure having been effected by the operation.

Mobile, April 25th, 1835.

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ART. XII. *Case of Dislocation and Fracture of the Spine.* By GARDNER DORRANCE, M. D. of Amherst, Massachusetts.

IN this Journal for May, 1835, a case of fractured spine is reported, in which depression of the spinous process was removed by an operation. The case proved fatal; but the operator thinks an elevation of the depressed process furnishes the only hope for the patient, and therefore recommends it.

About six years since, Amos Marsh, of Sunderland, while at work in the woods, was struck by a falling tree, and bent to the ground. I saw him soon after he was removed to his house. I found him in bed, saying, that both his thighs were broken. Finding them straight and firm, I suspected loss of sensation in them from injury of the spinal cord. Turning him to his side, I found an angle at the eleventh dorsal vertebra, of forty-five degrees.

It looked like so easy a thing to make the spine straight, that I could hardly resist the inclination to put it so. And the by-standers were impatient at my hesitation to do it. I supposed there was partial dislocation of the vertebræ, which any attempt at reduction would probably make a perfect one. I knew too, that dislocation could not take place without fracture of the spinous or transverse process, and that loose spiculae of bone would very possibly be driven into the spinal marrow, and cause instant death. A consulting physician, who saw the patient some hours after, was anxious to attempt a reduction; and when dissuaded from that, proposed cutting down and removing the broken and probably depressed fragments of bone. It was, however, concluded to trust the patient to nature, using bleeding and low diet to prevent, as far as possible, inflammatory action in the injured part.